



CITY OF SEGUIN

CONTRACTOR APPLICATION

PLEASE CHECK TYPE OF LICENSE YOU ARE APPLYING FOR:

Building/ Irrigator/ Electric/ Fence/ Mechanical/ Moving/ Pool/ Septic/ Plumbing/ Sign/Electrical Sign

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Business Name: _____

Business Mailing Address: _____

Owner/Applicant Name: _____

Owner/Applicant Residence Address: _____

Date of Birth: _____ Driver's License Number: _____

Business Telephone: _____ Residence Telephone: _____

E-Mail Address: _____

If applicable to the type of work you do, are you familiar with the 2006 International Building code, as adopted by the City of Seguin? ☐ YES ☐ NO ☐ NOT APPLICABLE

List any other Cities you currently hold a license in the field in which you are applying:

I certify that the statements made by me in answering the forgoing questions are true and correct to the best of my knowledge and belief.

Contractor's Signature

Date

CONTRACTOR APPLICATION

Please list the following individuals who are authorized to sign and obtain permits for you in your absence:

Contractor's Signature

Reviewed by City of Seguin

(Please complete application front & back)